## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Applicant: Eric C   | . Hannah et al.  |  |                                   |
|---|--|--|-----------------------------------|
| Title: IMPROV   | ED THERMAL INTERFACE                                       |  |                                   |
| Docket No.:<br>Filed:<br>Examiner:<br>Customer No.:   | 884.C39US1<br>December 31, 2003<br>Wai-Sing Louie<br>45457 | Serial No.:<br>Due Date:<br>Group Art Unit:<br>Confirmation No.: | 10/750,488<br>N/A<br>2814<br>1800 |
| Issue Fee<br>Commissioner for<br>P.O. Box 1450<br>Alexandria, VA 2  |  |  |                                   |
| We are transmitti   | ng herewith the following attached                         | l items (as indicated with an "X"                                | ):                                |
| <ul> <li>Statement of Facts Under 37 C.F.R. § 1.705(b)(2) in Support of Application for Post Issue Patent Term Adjustment (2 pgs.)</li> <li>Application for Post Issue Patent Term Adjustment Under 37 C.F.R. § 1.705(b) (1 pg)</li> <li>Authorization to Charge Deposit Account No. 19-0743 in the amount on \$200.00 to cover Petition Fee</li> </ul> |  |  |                                   |
| sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit<br>Account No. 19-0743.  |  |  |                                   |
| SCHWEGMAN, L<br>Customer No.: 45  | UNDBERG & WOESSNER, P.A.<br>1457                           | By: / Viet V. Tong<br>Reg. No. 45,416                            | ong                               |
| CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Issue Fee Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20 day of May, 2010.   |  |  |                                   |
| Chris Hamm<br>Name  | nond   | /Chris Hammond/<br>Signature                                     |                                   |
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